

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 440 Registrar's No. 50

FILED NOV 26 1963

VS 300
Rev. 4/59

10810

24006

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94200

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY S t. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Federal Soldiers Home		d. STREET ADDRESS (If outside, give location) 1259 Hafner Pl.	
3. NAME OF DECEASED (Type or print) Victor J Stolzenburg		4. DATE OF DEATH Month 11 Day 21 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-9-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Eng.		10b. KIND OF BUSINESS OR INDUSTRY Colo	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes W.W.I.		16. SOCIAL SECURITY NO. 28	
17. INFORMANT Address Harry DeVries 1259 Hafner P.		12. CITIZEN OF WHAT COUNTRY USA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio sclerosis heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) Generalized arteriosclerosis DUE TO (c) senility		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 4/19/63 to 11/21/63 and last saw him alive on 11/21/63	
21. I attended the deceased from 4/19/63 to 11/21/63 and last saw him alive on 11/21/63 Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Phelps, Mo	
22a. SIGNATURE James J. Burr		22c. DATE SIGNED 11/22/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-25-63	23c. LOCATION (City, town, or county) (State) National Cemetery Jefferson Brks Missouri	
24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiament Ave.		25. DATE RECD. BY LOCAL REG. 11-22-63	
26. REGISTRAR'S SIGNATURE Ruth B. Powell			

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address H. Garner mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 11-21-63 awaiting further regulations R.R.P.